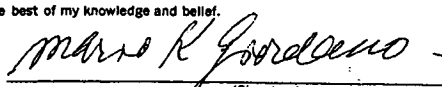


DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCES.METHODSEXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2006

508 approval No. 50-R195

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| STANDARD FORM 164 REV. AUGUST 1965 U.S. CIVIL SERVICE COMMISSION FPM Supp. 296-31 | | STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE | |
| IMPORTANT: This form is used only to establish creditability of service, which is otherwise not verified in the Official Personnel Folder, for leave and reduction in force purposes. The employee will complete Part I and the Personnel Office Parts II and III. When this form is used as a cumulative record or the employee's affidavit is used in the absence of a verified record, it must be filed on the right side of the Official Personnel Folder. | | | |
| PART I.—EMPLOYEE'S STATEMENT. | | | |
| 1. NAME (Last, first, initial) <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss GIORDANO Mario K. (P) | | 2. BIRTH DATE (Mo., day, yr.) Sept. 13, 1904 | |
| 3. LIST THE FOLLOWING INFORMATION ABOUT ANY CLAIMED FEDERAL OR DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD WHICH HAS NOT YET BEEN VERIFIED. (Do not include military service.) IF ANY OF THIS SERVICE WAS PART-TIME, WAE, OR INTERMITTENT, NOTE THIS UNDER "TYPE OF APPOINTMENT." | | | |
| NAME AND LOCATION OF AGENCY | | FROM YEAR MONTH DAY 51 Sep 5 | TO YEAR MONTH DAY Present |
| | | TYPE OF APPOINTMENT (If known) Contract Employee | |
| 4. LIST PERIODS OF ANY CLAIMED ACTIVE SERVICE YOU HAVE HAD IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES, INCLUDING ACTIVE DUTY AS A RESERVIST, WHICH HAS NOT YET BEEN VERIFIED. (Also list Merchant Marine service, if it interrupted service shown in item 3.) | | | |
| BRANCH NA | | FROM YEAR MONTH DAY | TO YEAR MONTH DAY |
| | | DISCHARGE (Hon. or Dishon.) | |
| 5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY DURING ANY ONE CALENDAR YEAR? (If YES, list following information.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| TYPE IF KNOWN (L.W.O.P., Furl., Susp., A.W.O.L.) NA | | FROM YEAR MONTH DAY | TO YEAR MONTH DAY |
| | | TOTAL YEARS MONTHS DAYS | |
| 6. DO YOU CLAIM ANY TYPE OF VETERAN PREFERENCE WHICH HAS NOT BEEN VERIFIED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," check one of the following statements if it applies to you: <input type="checkbox"/> I CLAIM PREFERENCE AS THE WIFE OF A DISABLED VETERAN. <input type="checkbox"/> I CLAIM PREFERENCE AS THE MOTHER OF A DECEASED OR DISABLED VETERAN. <input type="checkbox"/> I CLAIM PREFERENCE AS THE UNREMARKED WIDOW OF A VETERAN. | | 7. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief. <div style="text-align: right;">  Date: _____ (Signature) Subscribed and sworn to (or affirmed) before me on this 20 day of Nov. 1972 at _____ (City) _____ (State) </div> | |
| NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission must be shown. | | | |